

STATE OF SOUTH CAROLINA  
OFFICE OF THE GOVERNOR  
GUARDIAN AD LITEM PROGRAM APPLICATION  
(Please Print Clearly)

Name \_\_\_\_\_  
Last First Maiden/Middle Preferred Name

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Home Address \_\_\_\_\_  
Street/Mailing Address City/State/Zip County

Email: \_\_\_\_\_

Employed By: (If not employed, list last employer) \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Job Title \_\_\_\_\_ May you be called at work? ☐ Yes ☐ No

Supervisor's Name \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone (W) \_\_\_\_\_

Phone (H) \_\_\_\_\_

Education: (Highest year of school completed)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less Than High School | <input type="checkbox"/> College Not Graduate   | <input type="checkbox"/> College Graduate     |
| <input type="checkbox"/> High School Graduate  | <input type="checkbox"/> Tech/Voc/Assoc. Degree | <input type="checkbox"/> Post Graduate Degree |

Degree Received: \_\_\_\_\_ Major/Minor Course Work \_\_\_\_\_

Optional: In order to determine if our volunteer pool reflects the diversity of the community, please indicate your ethnic group(s):  
\_\_\_\_\_

Although no special experience is required, do you have training, knowledge, or skills in any of the following areas?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Criminology or Law Enforcement   | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> Child Care                      | <input type="checkbox"/> Drug or Alcohol Abuse Counseling | <input type="checkbox"/> Parenting            |
| <input type="checkbox"/> Child Welfare Social Work       | <input type="checkbox"/> Management                       | <input type="checkbox"/> Psychology           |
| <input type="checkbox"/> Clerical/Computer               | <input type="checkbox"/> Marketing/Sales                  | <input type="checkbox"/> Public Speaking      |
| <input type="checkbox"/> Counseling                      | <input type="checkbox"/> Medical                          | <input type="checkbox"/> Training/Instructing |
|  | <input type="checkbox"/> Other                            |   |

Are you willing to volunteer in other areas of our program? \_\_\_\_\_ If so, what areas?

\_\_\_\_\_  
\_\_\_\_\_

Do you speak a foreign language? ☐ Yes ☐ No If yes, which language \_\_\_\_\_

How did you learn of our program? \_\_\_\_\_

List current and previous volunteer work, including name of organization and supervisor.

---

---

What are your reasons for wanting to participate in the Guardian ad Litem Program? \_\_\_\_\_

---

---

---

Have you or your immediate family ever been involved in Family Court Proceedings? ☐ Yes ☐ No

If yes, please describe and include dates. \_\_\_\_\_

---

---

---

---

Have you ever been employed with DSS? ☐ Yes ☐ No If yes, list when and what type employment.

---

Have you ever been a foster parent? ☐ Yes ☐ No If yes, with whom. \_\_\_\_\_

Have you ever been on Foster Care Review Board? ☐ Yes ☐ No

Do you drive? ☐ Yes ☐ No Do you have regular access to a car? ☐ Yes ☐ No

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

If yes, please describe (including charge, disposition of charges, and date of conviction, county, state) on a separate page.

Can you think of any reason why a judge might be reluctant for you to serve as a volunteer Guardian ad Litem?

---

---

How long have you lived in this county/community? \_\_\_\_\_ If less than two years, please give previous address: \_\_\_\_\_

As a Guardian ad Litem you will be expected to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? ☐ Yes ☐ No

Please list as references three people who know you well, at least one for whom you have worked in either a paid or unpaid capacity. Please do not list relatives.

(Mr. Mrs. Ms)	_____	_____	_____
	(Name)	(Phone)	(Relationship)
	_____	_____	_____
	(Address)	(City & State)	(Zip Code)
(Mr. Mrs. Ms)	_____	_____	_____
	(Name)	(Phone)	(Relationship)
	_____	_____	_____
	(Address)	(City & State)	(Zip Code)
(Mr. Mrs. Ms)	_____	_____	_____
	(Name)	(Phone)	(Relationship)
	_____	_____	_____
	(Address)	(City & State)	(Zip Code)

Are you willing to commit at least two years of volunteer service? ☐ Yes ☐ No

I declare that all of the preceding information is true and correct to the best of my knowledge as of the date of this application. I understand that any false or misleading information given by me can disqualify me from consideration, or result in dismissal at a later time. I hereby authorize the Office of the Governor to run a criminal history check with SLED/NCIC and give said results to the Coordinator of the \_\_\_\_\_ County Guardian ad Litem Program. I further authorize the Department of Social Services to determine if I have ever been reported for child abuse/neglect or have a founded case against me. I understand that the information so released may prove unfavorable to me. I further authorize inquiries to be made concerning my suitability as a Guardian ad Litem. If I am accepted as a volunteer, I understand that I will have an ongoing obligation to notify the \_\_\_\_\_ County Guardian ad Litem Program if I am at any time under investigation for any of the crimes listed in S.C. Code Ann. §20-7-123 (Supp. 2006) or if I am at any time under investigation by the Department of Social Services for any type of abuse or neglect action.

_____	_____
(Applicant's Signature)	(Date)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	

Date References Mailed: \_\_\_\_\_

Date Received: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

County in which training was attended/Dates: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Trial Observation Date: \_\_\_\_\_

Volunteer Agreement signed (date): \_\_\_\_\_ Autobiography Received (date) \_\_\_\_\_

SLED Check Received (date): \_\_\_\_\_ DSS Central Registry Check Received (date) \_\_\_\_\_

SWORN IN DATE: \_\_\_\_\_



# State of South Carolina

## Office of the Governor

MARK SANFORD  
GOVERNOR

OFFICE OF EXECUTIVE  
POLICY AND PROGRAMS

### Criminal Records Check

Applicant's Name: \_\_\_\_\_  
Last first middle

Maiden or Birth Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street & No. City State Zip Code County

If you have lived outside the state of South Carolina in the past five years, please provide your complete address(es) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the date, type and outcome of any criminal convictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Office of the Governor to conduct a search of all convictions or pending charges on me and to release the printed results of the inquiry to the Division of Guardian ad Litem. I understand that the information released may prove unfavorable to me, and I release all persons whomever and the Office of the Governor from any liability resulting from the release of this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant has record of convictions or  
charges pending ☐ yes ☐ no

Released by: \_\_\_\_\_  
Department of Public Safety  
Bureau of Protective Services

Date: \_\_\_\_\_

Check Authorized by: \_\_\_\_\_  
Human Resources Dir.

Date: \_\_\_\_\_

**PROSPECTIVE VOLUNTEER AUTOBIOGRAPHY**

**Name:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In the space provided or on a separate sheet of paper, please write a brief autobiography. We would like to know more about you before you begin the training. This summary will help us make your training and Guardian ad Litem experience as meaningful as possible. Please include your autobiography with your application and mail to the GAL office. Thank you.

---